

Amherst Health Department
Environmental Health Services

APPLICATION FOR LICENSE

_____, 200__

FEE \$125.00

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:
REMOVAL OF RUBBISH

(Business Name and Location)

in said Town of Amherst in accordance with the rules and regulations made under authority of the Statutes.

Name and Address of OWNER(S) _____

Business Phone Number _____ Home Phone Number _____

Federal I. D. Number _____ Social Security Number _____

Signature of Applicant _____ Title _____

Return to: Environmental Health Services
Bangs Community Center, 2nd FL
70 Boltwood Walk
Amherst, MA 01002

Make check payable to: **Town of Amherst**